

# In Memoriam

By PHILIP B. PRICE, M.D.



This community and this whole intermountain region have lost a great and good doctor.

During his more than fifty years of practice, Dr. Ralph Richards not only practiced a superior brand of medicine and surgery, keeping abreast of its scientific advances, but by precept and example and organizational efforts he contributed largely to the elevation of standards of surgical work in this area. He interested himself in the reduction of incidence of disease—particularly lead poisoning, thyroid disease, and appendicitis. He played an important part in the establishment and development of the Salt Lake Clinic, the L.D.S. Hospital, and Medical College of the University of Utah. And he left his impact on the American College of Surgeons and the Salt Lake Surgical Society.

He was more than a great doctor, however; he was also a good doctor. To diagnostic acumen and surgical judg-

ment and skill at the operating table, he added a kindly manner and an understanding heart. He had in high degree that happy faculty of making patients feel that he was interested in them as people and not just as "cases." He concerned himself with their personal problems as well as their physical ailments. So, over the course of the years countless persons came to know and love him, not only as a respected physician, but also as a trusted friend.

This community has also lost a great and good teacher—great because he had a clear, firm grasp of his subject and a telling, unforgettable way of putting it to younger men—good because he taught the art as well as the science of surgery. Many young doctors in the Clinic, and at the Hospital, directly or indirectly, came under the wholesome influence of his teaching. For the past several years, he met with groups of medical students and interns and residents and their wives in my home, and, in his inimitable way, talked informally with them about problems of beginning practice, pitfalls to avoid, secrets of success, ethics and ideals—about the Art of Medicine. Those were memorable evenings.

This community has also lost a great and good man. People differ in their estimates of human greatness. Jesus said, "Whosoever would be great among you, let him be the servant of all." If service, then, is the true measure of greatness, few deserve that epithet more than "Doctor Ralph." As for his goodness, it was not of the ostentatious, sanctimonious sort, but rather a down-to-earth, wholesome, attractive quality that made no parade. None of us knows how many persons he helped, not letting his left hand know what his right hand was doing. We shall miss his cheery courteous greetings, his lively participation in conversation, his quiet humor and wise counsels, for in all of these contacts the quality of the man was manifest, and his personality made itself

proceedings and even the court today would merely decide the patient's "need for hospitalization" unless a separate petition was made and intended for the purpose of guardianship or other legal matters.

The changes are too many and varied to explain briefly but the law deserves some individual attention and study. Perhaps, however, a brief review of the procedures by which a patient can be hospitalized would be in order: Two forms of emergency admission have been provided for but since one of the regular procedures would still have to be completed within five days after admittance, we shall attempt to explain only the three ordinary methods of admission to the Utah State Hospital.

First, and sometimes most appropriate of all, is voluntary admission. Application for such must, however, be made by the potential patient himself without force, threat or promises. A person who merely has symptoms of mental illness may go to the hospital and make his own request for admission whether he is able to pay or not. If the admitting social worker and physician feel that the problem is one which the hospital can and should meet, the applicant is admitted without further formality.

Since many patients may lack the insight to recognize their need for treatment, a provision has wisely been made for someone else to initiate such action. A relative or friend might think that admission is indicated but, as in other areas of medicine so commonly accepted, they would go to the best qualified specialists available to help them decide about the problem. If two "designated examiners" certify that the person is mentally ill and in need of care and treatment, he can be admitted to the institution on such medical certification.

In neither of the two above procedures can the individual be held against his will if a formal demand for release is made. If release is thought to be "unsafe," the Superintendent of the Hospital could turn the problem over to the court to decide. The procedures are, however, quite appropriate where the person will accept hospitalization once

it is arranged. A designated examiner is, first of all, a licensed physician but he is designated by the Department of Public Welfare as specially qualified by training or experience in the diagnosis of mental or related illness. In actual practice the Welfare Commission has sought and followed the recommendations of local medical societies in appointing these designated examiners.

Certainly, the interests of society must be considered and provision must also be made for judicial proceedings where Voluntary or the "Standard Non-Judicial" method will not meet the problem. A person cannot be restrained without due process of law and a patient who insists on it may have, as they say, "his day in court." Court procedure involves someone making an application for the potential patient's hospitalization but, if possible, even this application must be dignified with the certification of some physician that hospitalization is indicated. If the court accepts the application, two designated examiners will be appointed to make an examination and report their findings to the court. Provision is made for the notification of relatives and friends and, when indicated, a date for a hearing is set with sufficient time being given for them to appear and contest the action even with an attorney, if they desire.

Perhaps some of the safeguards seem unnecessary but they are intended as controls to protect human rights. If the court follows the statement of the physician who, in a way, endorses the application, and that of the two designated examiners who certify the patient as mentally ill and in need of hospitalization, the judge may issue an order for either an indeterminate period of hospitalization or for a temporary period of observation if he has any serious questions about the problem.

It is significant that the new procedures seem to be working out very well in actual practice. As early as May, 1952, Dr. C. H. Hardin Branch reported very favorably to the American Psychiatric Association on "Utah's Experi-

*Continued on page 25*

# In Memoriam

By ERIC A. ROYSTON, M.D.

Clair Cosgrove "29" was a kindly man. He was respected and loved by all with whom he associated. He was a man who tended to his own affairs, but always had time to help the other fellow wherever possible. No one who knew Clair ever found him engaged in idle gossip or talebearing. He was a God-fearing man and a faithful member of the Roman Catholic Church.

He was born in Dillon, Montana, the eldest son of Alice and John N. Cosgrove. In 1903 he married Rosalind, daughter of Mr. and Mrs. John Higgins of Chicago. Mr. Higgins at that time was vice president of Sears, Roebuck and Co.

Clair received his early education in Montana and at the University of Utah. While still a young man he decided upon medicine as a career and graduated from the University of Utah with the class of 1929. He interned in the Los Angeles General Hospital and practiced in southwest Los Angeles.

When World War II came upon us, Clair volunteered his services to his country and entered the Navy, leaving at the close of hostilities with the rank of lieutenant-commander and was later promoted to commander. He took part in the invasion of Okinawa.

felt in any group. Quietly, perhaps unwittingly, he let his light shine before men. I always felt that there was an essential goodness in him that tended to bring out the best in others.

I don't know anything about his theological views. We never got around to discussing that subject. But does it really matter at a time like this? I have a firm belief that in the Final Judgment, when everything will be exposed and be seen in true perspective, man-made creeds and man-made ecclesiastical organizations will all disappear. On that fateful Day, when all men of all nations will stand in judgment before the

Clair was the first elected president of the Los Angeles Chapter of the California Academy of General Practice. He belonged to the Hollywood Academy of Medicine, the Crenshaw Academy of Medicine, and was past president and an active member of the Medical-Dental Veterans Association of Los Angeles.

He was a member of the senior staff of the Methodist Hospital, the Crenshaw Hospital and the Daniel Freeman Memorial Hospital. At the Methodist Hospital he served as secretary of the staff for four years and was later chairman of the staff. When the Daniel Freeman Memorial Hospital was organizing its staff and wanted a reliable man for chairman of the Program Committee, they chose Clair for that position.

He was vice president of the Los Angeles County Medical Association at the time of his death.

Clair passed away at the Methodist Hospital on Tuesday, June 29, 1954, after a very brief illness.

He leaves his widow, Rosalind, and four children: John, Mrs. Mary Rose Luisi, Clair Peter Jr., and Joan. Many friends share the grief of this family and of his brothers, Jay, G. Byron, R. E., and Kenneth, and of his sister, Mrs. Alice Alstron of Brigham City, Utah.

Throne, the King will divide the good from the evil. And, it seems to me, His words will be especially appropriate for Dr. "Ralph" when he says to the righteous ones, "Come, you blessed, inherit the kingdom prepared for you; for I was hungry and you gave me meat, I was thirsty and you gave me drink, I was a stranger and you took me in, naked and you clothed me, I was sick and you visited me: for inasmuch as you did it unto one of the least of these my brethren, you have done it unto me."

Within the last few months I have suffered two personal losses, first my

*Continued on page 22*

## 10-Year Anniversary of the First Graduating Class



**ROBERT H. BALLARD**

Chose Orthopedics as a specialty while still in Medical School. Is now practicing Orthopedics in San Bernardino, Calif.



**GERHARD O. BERN**

Wanted to specialize in Surgery while in Medical School. Now in General Practice in Portland, Oregon.



**CYRIL D. FULLMER**

Was once interested in Internal Medicine but finally "wised up." He is now Associate Pathologist at the Holy Cross Hospital in Salt Lake.



**GLEN PAUL BRAMWELL**

Decided to do General Practice while still in Medical School. Paul is now known as the "Flying Doc" in Bremerton, Washington, where he does General Practice.



WILLIAM LEE ANDERSON

Now practicing Radiology, Stanford University, San Francisco, Calif.

The first graduating class "44" can well be proud of its accomplishments to date. The Medical School Faculty might now forget the reservations they once held regarding our first class of graduates.

(Space limitations will not permit publishing the pictures and accomplishments of the other members of the Class of "44.")

## Anatomy Department

(Continued from page 12)

interest to neurologists throughout the country. Dr. Hashimoto is interested in the development of teaching methods in anatomy, and in addition has pursued researches on resistance to experimentally produced burns.

In addition to the activities of the faculty, many medical students have pursued research in the laboratories of the Department of Anatomy during their medical school course. These medical and graduate students have presented results of their investigations at national meetings of learned societies. It

has been gratifying to see the nationwide reception given to our students' work.

The Department of Anatomy is interested in making gradual changes in the methods of teaching subjects within its responsibility. To this end, results of investigation are incorporated into our courses. In this way it is hoped that the teaching of anatomy can be improved in a gradual manner in counterdistinction to the attitudes taken in some institutions where drastic and radical alterations in the curriculum have been made. The limitation imposed by the size of our teaching faculty has necessarily reduced the amount of time which can be given to post graduate education. Wherever possible, however, members of this department have participated in such graduate training programs. It is hoped that this program, an essential aspect of teaching in a progressive medical school, may be expanded in the future.

## Richards Memoriam

(Continued from page 19)

beloved father, and now my friend Ralph Richards. Both had lived long and useful lives. Both remained vigorous and active to the end. Yet death is really not the end; it is the beginning — the beginning of a much better and even more useful life. We reverently lay their abandoned bodies to rest, but their free spirits live on, gloriously, endlessly, in a holy and happy clime, in the immediate presence of the God who made them.

"For this perishing body must be invested with the imperishable, and this mortal body invested with immortality; and when this mortal body has been invested with immortality, then the saying of Scripture will be realized,

Death is swallowed up in victory.

O Death, where is your victory?

O Death, where is your sting?

The victory is ours, thank God. He makes it ours by our Lord Jesus Christ."





**RICHARD BLAMIRES STREEPER**

Once he was going to pursue Neurology and Neurosurgery. He settled for Internal Medicine as a substitute. Lovelace Clinic, Albuquerque, New Mexico.



**ROBERT L. SEVERENCE**

Bob wanted to specialize while an embryo M.D. However, after army time he entered General Practice in Omaha, Nebraska.



**RICHARD S. HORIO**

General Practice was his goal in 1944. After several years of training in Pathology and Internal Medicine Dick opened his office for General Practice in San Francisco, California in spite of being certified by the Board of Internal Medicine. Dick is now serving in the U.S. Army in Hawaii.



**CHARLES DONALD WEST**

Internal Medicine interested Don at one time. Then he became associated with Dr. Samuels at Utah where he earned a Ph.D. in Biochemistry. Don is now a researcher at the Memorial Hospital, Sloan Kettering Center in New York.